

TB HOME EVALUATION

Home Environment

Client has own room: ☐ Yes ☐ No # bedrooms/comments: _____
Residence: ☐ House ☐ Apt/Condo ☐ Mobile home ☐ Motel/Hotel ☐ Shelter ☐ Institution ☐ Other/Homeless
Housing Assistance: Section VIII ☐ Yes ☐ No or HUD ☐ Yes ☐ No
in dwelling: Adults _____ Children _____. Among them, Immunosuppressed: ☐ Yes ☐ No Who _____
Adequate food resources: ☐ Yes ☐ No Adequate ventilation and heating: ☐ Yes ☐ No
Safe place for storing medication: ☐ Yes ☐ No
Home safety/ adaptive equipment: ☐ Yes ☐ No Specify _____
Pets ☐ Yes ☐ No

Assessment/Comments: _____

Understanding of Disease

Education: ☐ < High School ☐ High School ☐ College ☐ College +
Drug/Alcohol Risk Factors: ☐ Yes ☐ No ☐ N/A, if yes, willing to seek TX ☐ Yes ☐ No
Adequate knowledge of tuberculosis transmission: ☐ Yes ☐ No
Medications:
Adequate understanding of medication side effects: ☐ Yes ☐ No
Adequate understanding of medication schedule: ☐ Yes ☐ No
Possible drug interaction: _____

Treatment Plan:

Understands need to keep doctor/clinic appointments: ☐ Yes ☐ No
Understands need to comply with requests for CXR/Lab/ DOT: ☐ Yes ☐ No

Assessment/Comments: _____

Social Interaction

Adequate culturally appropriate social support system: ☐ Yes ☐ No If Yes, Whom: _____
Lifestyle consistent with treatment adherence: ☐ Yes ☐ No Language limitations: ☐ Yes ☐ No

Assessment/Comments: _____

Transportation

Client has a car: ☐ Yes ☐ No Relative/Friend will transport? ☐ Yes ☐ No
Client needs transportation: ☐ Yes ☐ No Client has access to bus service: ☐ Yes ☐ No
Knowledge of transportation assistance: ☐ Yes ☐ No Client will need bus incentive: ☐ Yes ☐ No

Assessment/Comments: _____

Financial

Source of income: _____ Other sources: ☐ Food Bank ☐ Medicare ☐ Food Stamps ☐ WIC ☐ SSI
☐ Other (Specify): _____

Assessment/Comments: _____

Date: _____

Signature: _____